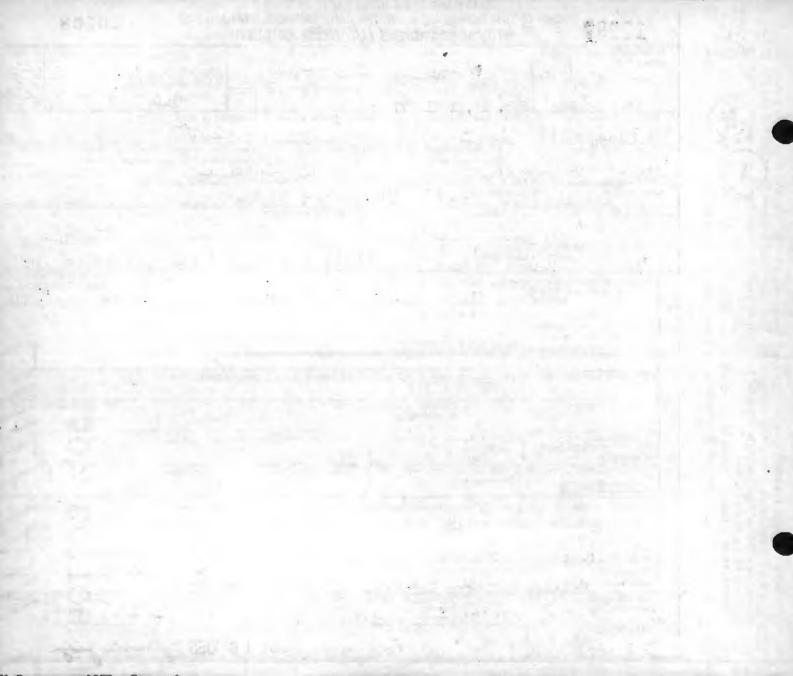
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1 017 CERTIFICATE OF DEATH Middle Lost 2n. DATE OF DEATH 2b. HOUR DECEASED-NAME First executed within 24 haurs after death Nelson (Type or print) oleman. George 6. AGE (In years IF UNDER 24 HRS. 4 RACE 5. DATE OF BIRTH IF UNDER I YEAR 3. SEX losi birthcoy) HOURS White April 18. 1884 Male YRS and completely filled in by the remove carban papers. Pag-n-eny event, within 72 haurs of 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED Maryland WIDOWED [DIVORCED T 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH during most of working life, even if retired.) INDUSTRY give street address Rock Hall XX arpenter 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13b. COUNTY YES Y NO 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First First Lost requires that the death certificate be Sewel ohn oleman Oleman-Rock Hall, 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Yes, no, or unknown) burial, crematian, ar remayal, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE Conditions, if any, which gave: burial-transit rise to immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse; PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) detached far use as the te Dept. af Health priar ta has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g. AUTOPSY? 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🗔 NO [FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY Stote City or Town County While Not while to work may 1, 1968. 22a. I certify that (I) (this haspital) attended the deceased fram.... directar, page 3 shauld be should be filed with the Stat saw the deceased alive an Onelli & 1 __1965, and that in (my) (aur) apinion death accurred an the date and hour and fram the causes stated abave, (1) (we) (did) (did not) view the bady after death 22c. DATE, SIGNED ATTENDING PHYS. DEGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S Nitsch Rock Hall. Norbert Marulana NAME, OF CEMETERY OR CREMATORY Maryland (Stote) BURIAL CREMATION Wesley (hapel REMOVAL (Specify) 9 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 30M REV. 1/66 1968 DATE AUG 5

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	1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR CTATE		1 0 0 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	108
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		ECEASED-NAME First Middle Lost 20 DATE KNOWN Month Do OF ESTI-	y Year 2b. HOUR
ay is 3 to Page ent of	,	190 F PINT) JOHN WESLEY COTTON DEATH MATED LILE -	7 185 8 30
Page 13	3. 5	Manufacture and Manufacture an	2d. HOUR
and de		m Cal Feb 15 1897 77 YRS MONTHS DAYS HOURS MIN. Month July Day 7	Year 19 / 50 9 72 M
E 6, 4	70.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED THEYER MARRIED 9. COUNTY OF DEATH	
	coun		M.
Begges with for	10. (. KIND OF BUSINESS OR
	C	Restletion (Recret give street oddress) during most of working life, even if retired.) INC	PATENCE
是人员是自	130.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e, STREET AND NUMBER	
	0	dmission) STATE Mcl. 13b. COUNTY Kent Chestertain YES NO a	
hours Item 18 Office I and 2	14. F	ATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Lost
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hin 24 ncil in niner's pages haurs	160.	WAS DEFEASED EVED HAVE ADMERTED PESS 1544 COCIAL CECURITY NO. 137 INFORMATIO	d
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in pe Exar File n 72	-	1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	APPROXIMATE INTERVAL
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e e e e e e e e e e e e e e e e e e e		Conditions, if ony, which gove)	V
d b d b Chii		rise ta immediate couse (a), (b)	
shauld be e he ward "per ta the Chief I burial-transit d in any even		storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
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This certificate shauld be executed within 24 icate, writing the ward "pending" in pencil in be farwarded to the Chief Medical Examiner's be used as a burial-transit permit. File pages ar remayal, and in any event within 72 haurs		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
riffi riffi ard ard val,	NO	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	an Alizancija
certif arwar used maval	ICAT	WAS PERFORMED?	20. AUTOPSY?
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=		21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor PRIMARY OR CONTRIBUTING HOUR A.M. 21c. HOW INJURY OCCURRED (Enter noture of injury in Post 1 or Post 2, Item	18.)
rer cer cer cer cer cer cer cer cer cer	MEDICAL	CAUSE OF DEATH P.M. 19	
XAMINER: te the certi ge 4 shauld your files. age 3 shou cremation,	M		County State
CAL EXAMINER: execute the certion. Page 4 shauld of far your files. CTOR: Page 3 shou		WHILE NOT WHILE CONTROL AT WORK AF WORK	
cal E executor. Pog ed for CTOR: F burial,		220. I certify that I taak charge of the remains described above, held on Autopsy I Inspection Inquiry I,	and in my apinian
CTO ed to bur		death resulted from: Natural couses 19, Accident 1, Suicide 1, Hamicide 1 Undetermined manner	
please e director retained DIRECTOR		CHIEF MEDICAL EXAMINER	1
y, pleaser of the retain to prior to		ACTUAL VIA LEGA	NED /
UT.		M.D. STORY WORLD THE TIME TO THE TIME	
o DEPUTY CAL E		NAME (Type) ROBERT W. FARK ADDRESS(Street, city, town, or county)	-
the Hec	23a		iunty) (State)
	9(REMOVAL (Specify) 7/11/166V A COLLARY COLLARY	1/
00		FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 250 REGISTRAR'S SIGN	
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10M REV. 1 768.		Through with Ches/ce own rd part I to 1868 Kourlas	Market St.



	10098	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH		10109
	DECEASED-NAME First		lost Grahamer	July 29, 1968	2b. HOUR 6:30AM
3. 5	EX	4. RACE	5. DATE OF BIRTH	6. AGE (In years III	FUNDER 1 YEAR UP UNDER 24 HRS.
	Female	White	January 28,	1888 80 YRS.	
70.	BIRTHPLACE (State or foreign ptry)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
10.	mty) Pennsylvania City OR TOWN OF DEATH Chestertown	11. NAME OF HOSPITAL OR IN give street oddress) Kent & Queer	WIDOWED DIVORCED 120. USU/ INTITUTION (If not in hospitol 120. USU/ during many during many many many many many many many many	Kent Co., AL OCCUPATION (Kind of wark done ost of working life even if retired.)	Md. 12b. KIND OF BUSINESS OR INDUSTRY
10		131 1 17 1 17 1 17 17 17 17 17	13c. CITY OR TOWN 13d. INSIDE CITY LE		
14.	FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME F		Last
160	WAS DECEASED EVER IN U.S. AR		NO. 17. INFORMANT 1888 Hospital Record	Address ds Chestertown, M.	aryland
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), and (c			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.			RDIAL INFARCTION	Acute
CERTIFICATION	PART 2. OTHER SIGNIFICANT CO	ACUDICE - F. CONDITION FOR WHICH OPERATION WAS P	NOT RELATED TO THE TERMINAL DISEASE ORG ROBABLE HEPH ERFORMED 200. AUTOPSY? YES \(\square\) NO \(\square\)	20b. IF YES, WERE FINDINGS CON.	SIDERED IN CERTIFYING
MEDICAL CE		TH HOUR A.M. Month Doy Yea		r noture of injury in Port 1 or Port 2, Iter	m 18.)
ME	While Not while at work of work	. PLACE OF INJURY (AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC.	,		County State
	22a. I certify that (I) (th	is hospital) attended the decear alive an July 29 e, (I) ((1) (30) (did not) view the	sed fram July 28 , 19 .19 .68 , and that in (my) (cur) api bady after death.	68 , ta July 29 , 196 inian death accurred an the date	8, that (I) (we) last and have and from the
	22b. SIGNATURE	A Koss	DEGREE ATTENDING DEGREE PHYS.	MED. STAFF PHYS. 7	30-68
	NAME (Type) Harry	P. Ross, M. D.	Chestert	own, Maryland	
E	REMOVAL (Specify)	-31-68 STIL	CEMETERY OR CREMATORY LPOND CEMTY	STILL POND KE	(County) (State)
24.	lictor M. Ker	medy STILL!	BND, MD. DATE JUL	BY REGISTRAR 25b. REGISTRAR'S SIG	

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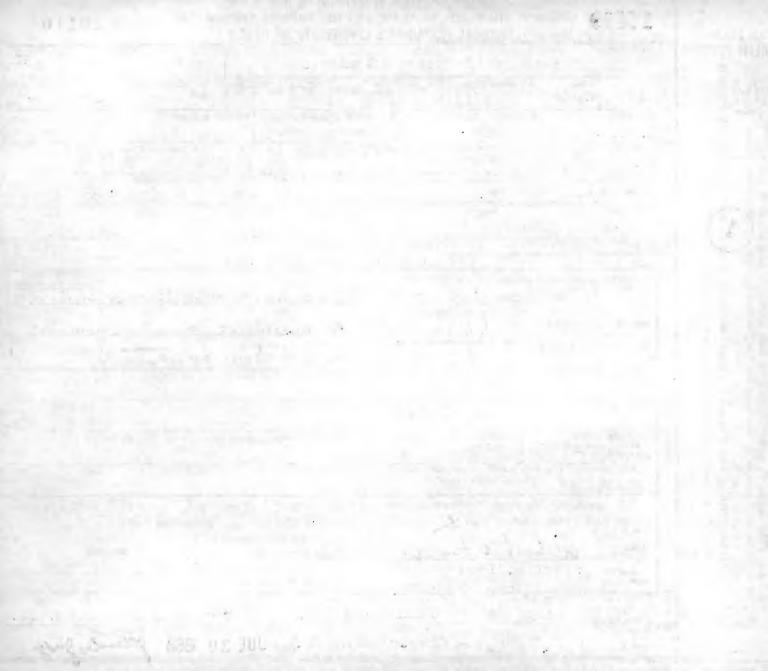
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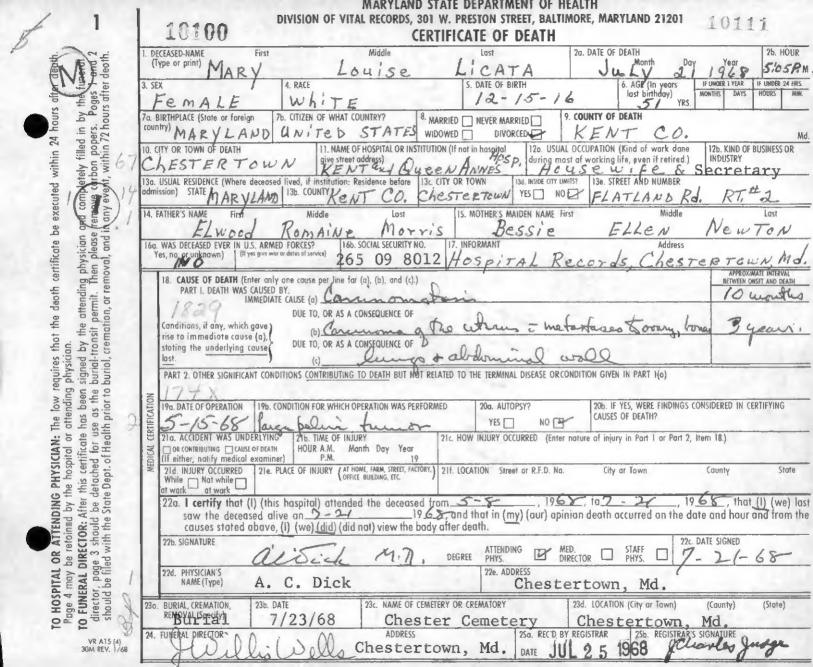
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14		COCOO DIVICIO			DEPAKIMENT OF RESTON STREET, BAI		IAMD 21201		
FOR STATE					S CERTIFICATE		DIND 21201	1011	0
HEALTH DEPT.	I	tem 11 8/2/68 F		Middle	Lost	UF DEATH	O PARK PROBLEMAN	M d a	For years
				Bartlett	Gundesen		OF ESTI-	Month Day Year /27/68 19	26 HOUR
× × × × × ×	3. SI		S. DATE OF BIRTH		(In years IF UNDER 1 YEAR	IF UNDER 24 HRS.	DEATH MATED/		P AD M
deloy		ale white	7/13/1	1012 lost b	irthday] MONTHS DAYS	HOURS MIN.	July 27		2d. HOUR
1, 2 Depart	7a.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT			MARRIED 9 COL	INTY OF DEATH	1700 19	m
J. F. Be	caun	N. Y. State	USA				Kent		Md.
oge oge th fa		ITY OR TOWN OF DEATH	11. NAA	ME OF HOSPITAL OR IN:	THUTION (IL not in hospit	gl 120. USUAL O	CCUPATION (Kind of work	dane 12b. KIND OF 8	
This certificate shauld be executed within 24 hours ofter death licate, writing the word "pending" in pencil in Item 18. Give Pages 1, be forworded to the Chief Medical Examiner's Office along with form 1 be used as a burial-transit permit. File pages I and 2 with the State Diar removal, and in any event within 72 hours after death.	RF	D Chestertown	n give str	Chesterto		during most of Marin	f working life, even if ret le Enginee	refine	erv
s ofter 18. Give along along twith death.	130.	USUAL RESIDENCE (Where decease	ed lived, if instituti	on- Peridence before		13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	R	
orrs or 18.		dmission) STATE Penna	13b. COUNTY Del	laware	Media	YES NO 🔀		g House I	lane
Hew Office Office of I on the office of I on I	14. F	ATHER'S NAME First	Middle	Last	IS. MOTHER'S M		Middle		ast
25 5			ndesen			t know		Bartlet	<u>t</u>
thin mines			and the second	166. SOCIAL SECURITY NO 167 10 47		to Good	ADDRESS	same	
Exam File n 72	-	no			70 Marg	aret Gur	idesen	APPROXIMA	ATE INTERVAL
be executed pending in the Medical E masit permit. Fevent within		1B. CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE)	ly one cause per line D 8Y:	e far (a), (b), and (c).)	10.0.T- 1.	· di mas	culine. O.	BETWEEN ONS	SET AND DEATH
xec dindin Medin perr t w		4/29 IMMEDIA	ATE CAUSE (a)	AS A CONSEQUENCE OF	www.ca	idelo vas	www Nes	-asi GUR	W PARTY
per ref / nsit		Canditions, if any, which gave		Manner	Idu attan	e a conte	de curde	in a diasea	1-
Pie Charles		rise to immediate cause (a), stating the underlying cause (AS A CONSEQUENCE OF		the state of	0 (10/2-4		-
INER: This certificate shauld be executed within 24 in certificate, writing the word "pending" in pencil in should be forworded to the Chief Medical Examiner's files. 3 shauld be used as a burial-transit permit. File pages to the contract of the contrac		lost.	(a) d	lue toren	trionson fo	bellation	ar asyl	Te)	
the the date and and and		PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTIN	IG TO DEATH BUT NOT					
ifica tring order al, o	N	4331							
nis certificate the, writing the forworded to be used as a bremoval, and	CERTIFICATION	19a. DATE OF OPERATION	1	19b. CONDITION FOR W WAS PERFORMED?	HICH OPERATION			20. AUTOF	
This of the feet o	ERTIFI	21a. EXTERNAL CAUSE WAS	TOTAL THEF OF IT		Total Mani to many	OCCUPATO /F		YES	NO Z
4 0	AL C	PRIMARY OR CONTRIBUTING	HOUR A,M.		21C. NOW INJURY C	UCCURRED (Enter natu	ire of injury in Part 1 ar P	ort 2, Item 18.)	
KAMINER: te the certi je 4 should your files. oge 3 shoul cremotion,	MEDICAL	CAUSE OF DEATH 21d. INJURY OCCURRED 21e.	P.M.	hame, farm, street,	21f. LOCATION Stree	et ar R F D. No	City or Town	County	State
AM dur dur rem			ctary, affice building,				chy et retri		5.0.0
bical Examiner: se execute the certi rctor. Poge 4 should ned for your files. ECTOR: Poge 3 shoul buriol, cremotion,		22a. I certify that I t	oak charge of the	e remains describe	d above held on Aut	tonsy 🗍 🔝 Inc	spection . Inqu	piry , and in	my apinian
ICAL ED tor. Pog ed for y CTOR: P buriol,		death resulted from:		es Accident		Homicide	Undetermined me		ту оригон
pleose e l director retoined.		1	1 4.	1		HIEF MEDICAL EXAMIN	ER 🗍	_	
TY, pleose y, pleose problem & DIRECT PRINCE		SIGNATURE OF O	ren W	terr	M.D. A	SSISTANT MEDICAL EXA	AMINER 22	b. DATE SIGNED	
		EXAMINER'S Rober		cr		EPUTY MEDICAL EXAM		7/27/68	3
O DEPL necesso the fun 5 moy 0 FUNE Health		NAME (Type) Chest	ertown	Kent Co.	Md	DDRESS(Street, city, to			
5 c ± 2 5 ±	230	DEMOVAL (Cooriful	DATE /20/CO		emetery or crematory		LOCATION (City or Town)		(State)
	24	FUNERAL DIRECTOR	30/68	ADDRES		2So. REC'D BY RE	Media, De	STRAR'S SIGNATURE	. ra.
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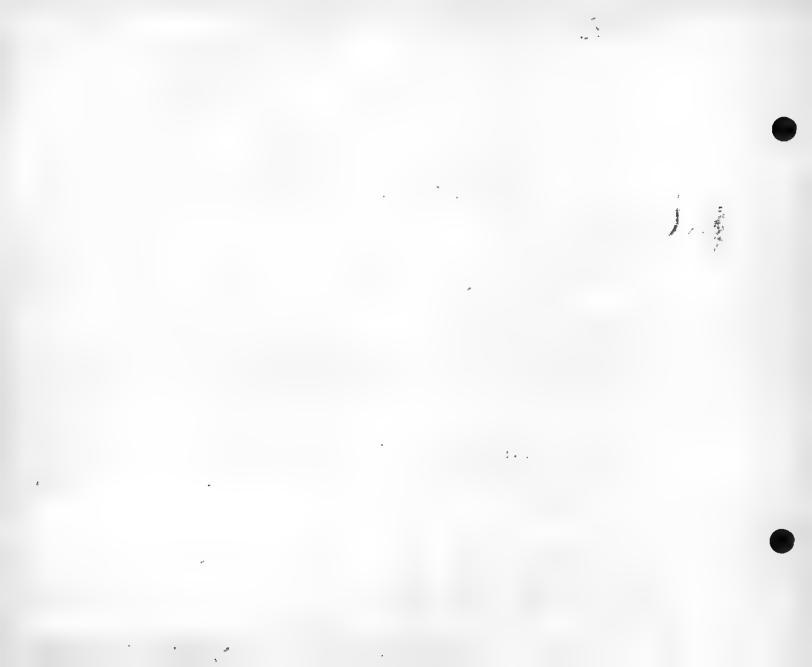


	10101	DIVISION OF VITAL RE	CERTIFIC	RESTON STREET, BALTIMOR		1112
	DECEASED-NAME First (Type or print) Ver	a Mid ca Ma	Kenda Kenda	ll los McLaughlin 20 Langh/Lin	July /, 1900	
	SEX Female	4. RACE White		5. DATE OF BIRTH October 15, 19		IF UNDER LYEAR OF UNDER 24 MRS. MONTHS DAYS HOURS MIN.
7o	BIRTHPLACE (Stote or foreign unity) Maryland	76. CITIZEN OF WHAT COUNTRY	WIDOWED	DIVORCED K	ent Co.,	Mo
	CHTY OR TOWN OF DEATH Chestertown	give street oddress Kent & Q	ueen Anne'	s Hospital	LPATION (Kind of work done working life, even if retired.) Lousewife	126 KIND OF BUSINESS OR INDUSTRY
13 od	o USUAL RESIDENCE (Where dece mission) STATE Mary Land	osed lived, if institution: Residence 13b. COUNTY Kent	e before 13c. CITY OF	ertown 13d Indioe City LIMITS?	13e. STREET AND NUMBER	And the second s
14	FATHER'S NAME First	Middle	Lost 4:	MOTHER'S MAIDEN NAME First	Middle	Lost
L	Roy		White	Alice	Mae	Jarrell
18	Yes, no, or unknown) (I' yes giv	RMED_FORCES? I war or dates of service)	Ves	INFORMANT	Address	. 1
-	T			ospital Records	Chestertown	Maryland
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П	070X	DUE TO, OR AS A CONSEQU	JENCE OF	/		
1	Conditions, if any, which governies to immediate cause (a)	(b)				
	stating the underlying couse	The To the Landson	JENCE OF			
	last.	(c)				
1	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED T	O THE TERMINAL DISEASE OR CONDIT	ION GIVEN IN PART I(o)	
١.	092 X					
1657	190 DATE OF OPERATION 19	CONDIT ON FOR WHICH OPERATIO	N WAS PERFORMED	20o. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
1 2				YES NO	CAUSES OF DEATH?	D
CCOTICACATION	210 ACCIDENT WAS UNDERLY	ING 1216 TIME OF INJURY	21. H	OW INJURY OCCURRED (Enter notur	e of inserv in Port 1 or Port 2	
		HOUR A.M Month De	у Үеог	- Lines Personale Trines Maio	a an infant in an in an infant it, i	104
MEDICAL	(If either, notify medical example 21d INJURY OCCURRED 21		19	CAT ON Charles In D. D. M.	City or Town	County State
	While Not while of work	8 PLACE OF INJURY (AT HOME FARM OFFICE BUILDIN				,
П	22a I certify that (i) (his hospital) attended the	deceased fram	uLy 2 1968	to July 9 , 19	<u>68</u> , that (I) (we) las
ш	saw the deceased	alive an July 9	19_68, an	d that in (my) (aur) apinian	death accurred on the da	te and havr and from th
н		ve, (1) (we) (d.d) (d.d not) v			1 20	DATE CONTR
н	22b SIGNATURE	a h	5 / M		C STAFF C	DATE SIGNED
			DEGLE DEGL	71113	R CJ PHYS, CJ	
н	22d PHYSICIAN'S NAME (Type) A . C.	Dick, M. D.		22e. ADDRESS Chesterton	m, Maryland	
-						
23			NAME OF CEMETERY OR		LOCAT ON (City or Town)	(County) (State)
L		7/12/68 We		pel Cemetery	Rock Hall,	
2	FUNERAL DIRECTOR ON	Che	ADDRESS estertown	Md. 250 REC D BY REG	ISTRAR 2Sb. REGISTRAR'S	SIGNATURE

MAKTLAND STATE DEPARTMENT OF HEALTH



1	l i	MARYLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1 D	CEASED-NAME First Middle Last 20. DATE KNOWNE Month Day Year 2b. HOUR (YPE OF ESTIL- 7/23/68)
lay is 13 ta Page Page	L`	DEATH MATED 7/25/00 19 M
d 3 d 3 d 3 d 3 d 3 d 3 d 3 d 3 d 3 d 3	3 5	
2, and 3 Page Page Page Page Page Page Page Page	1	nale white 8/7/1892 75 YRS MONTHS DAYS HOURS MAR. July 23, DY968 Year 19 M
	70	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED THE WARRIED 9 COUNTY OF DEATH
farm farm		Montana USA WiDOWED □ DIVORCED □ Kent Mid
ath Tage sta	10 (ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR
ofter death 8. Give Pages along with far with the State		nestertown Name of Hospital Ok Institution (if not in hospita during most of work ng ife, even freired.) INDUSTRY
fred one of the dark of the da	130	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d MSDE CTY LIMITS? 13e. STREET AND NUMBER
75 o 18.	- 0	drission) STATMaryland 3b COUNTY Kent Chestertown IS NO KK Quaker Neck
haurs offer death them 18. Give Pages 1, Office along with farm (and 2 with the State De after death.	14	ATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last
Z 4/2 7 2		Rosa McPherson
ithin 24 smirter's mirter's pages 2 haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 25 17 INFORMANT ADDRESS Chestertown,
	Y	es WW 1 Mrs. Carolene Miller Md.
9 E 0 E E		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed nding in Medical permit.		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Gun shot wound of head (self inflicted) Short
Me Me		DUE TO, OR AS A CONSEQUENCE OF
be in print		Conditions, if any, which gave) rse to immediate cause (a). (b)
utd rard e Cl al-tr		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
shauld be e ne ward "per a the Chief I burial-transit I in any even		lost. (c)
a to de factor and a contract of the contract		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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wr wr usec	Ē	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED?
Certificate, writing the ward "pending" in pending them 18. Give Page hauld be farworded to the Chief Medical Commer's Office along with less should be used as a burial-transit permit. File pages fand 2 with the Stattan, or remayal, and in any event within 72 haurs after death.	CERTIFICATION	WAS PERFORMED! YES NO IN
d be de la company of the later	4	21a EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 10 100 FAM. 7/23 19 68 21b. TIME OF IN. JRY Month, Day, Year PRIMARY OR CONTRIBUTING 10 100 FAM. 7/23 19 68 Self inflicted
INER e cer shaul files 3 sha attan	MEDICAL	CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF NURY (At home, farm, street, 21f .OCAT ON Street or RFD No. Cty or Town County State
MIN the 4 st ur fil	25	WHILE NOT WHILE AT WORK AT WOR
DITY DICAL EXAMINER: This certificate should be executed any, please execute the certificate, writing the ward "pending" in her director. Page 4 should be farwarded to the Chief Medical & be retained for your files. Exal DIRECTOR: Page 3 should be used as a burial-transit permit. Figure to burial, cremation, or remaval, and in any event within		AL TORK CET AL TORK CET
please exect director. Pa director. Pa cetained for DIRECTOR:		22a certify that I taak charge of the remains described above, held an Autapsy, Inspection [3], Inquiry, and in my opinion
bica director. director. bined for		death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner
please directo retained		ACTUAL CHIEF MEDICAL EXAMINER 22b, DATE SIGNED
ITY, Ferd Be r RAL RAL		SIGNATURE MD ASSISTANT MEDICAL EXAMINER L. 7/23/68
DEPUTY stessary, pi e funera o may be re FUNERAL I	-	EXAMINER'S RODERT W. Farr
TO DEPUTY necessary, the funera 5 may be TO FUNERAL Health pri	224	BURIA, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (C ty or Town) (County) (State)
2	230	Removal (Specify) 7/24/68 Fort Lincoln Washington , D.C.
Į.	24	TOWERS DIRECTOR 250 RECO BY REGISTRAR 250 REGISTRAR 5 S GNATURE
VR A15ME (5)	0	Willis Wells Chestertown, Md. DATE JUL 26 1968 PCharles Onder
10M REV 1/88 \		A CONTRACTOR OF THE PARTY OF TH



1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH
# - <u>7</u> #		CEASED-NAME First 4 Middle Lost 20. DATE OF DEATH 2b. HOURA
r death. Interal and 2 ar death.		EDWIN C. /VORDHOFF JULY 2' /968 12:30M
Lours after death	3 SE	4. RACE 5. DATE OF BIRTH 6. AGE (/h years 16 JAORAY) YARA 16 HUNDEY 24 HIST 16 JAORAY 15 JAORA 16 HUNDEY 24 HIST 16 JAORAY 16 JAORA 16 JAORAY 16 JAORA 16 JA
S (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_	MALE VUHITE OCT. 5-1892 75 YRS.
	cour	Try) Macalian III A
pape	10. 0	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 LSJAL OCCLPATION (Kind of work done 12b, Kind of Business or
A - E		OCK HALL give street oddress) ×× during post of working Lie, every fretired) INDUSTRY
pleter carbo		LSUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 3d JUSTIC CITY LIMITS2 13e STREET AND NUMBER
camplet ave car		SSION) STATE MAR LAND COUNTY KENT CHESTERTOWNS NO NO
and rem	14.	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
e be	140	EDWARD VORDHOFF MARY LOWERY WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT
e death certificate b attending physican sermit. Then please an, ar remaval, and		15, no. prynknown) (1 yes sys war or does of service) 217-07-5902 ALFRED NORDHOFF-ROCK HALL MD.
certi g ph Then mav	F	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ath ndin it.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Pulmonas Edense
e de affer an, c		DUE TO, OR AS A CONSEQUENCE OF
if the sit particular		Conditions, if any, which gove rise to immediate cause (a), (b) Cerebral accident
tho by tran		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
equires tha physician. signed by burial-fran		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
req ng po no si ne bi		4-1
law endir bee	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The affi	RTER	YES NO CAUSES OF DEATH?
AN: al ar icate far t		21c. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
SICI spirit spirit sed t. af	MEDICAL	(If either, notify medical examiner) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State
PHYSICIAN: The law rate has pixely and the haspital ar attending this certificate has been letached for use as the Boept, af Health priar ta		Wh.1e Not while OFFICE BUILDING ETC.
	П	22g certify that (1) (this trainital) attended the deceased from Philip 1968 to high 2 1968 that (1) (we) last
ed bering	П	saw the deceased alive on 1965, one that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (1) (well (did) (did not) view the body after death.
ATT ATT Should be the title of	П	22c. DATE SIGNED
OR ATTENDING De retained by the NRECTOR: After the e 3 should be ded with the State		Rosbert Jutach Med DIRECTOR DI
TAL DAL DAL DAL DAL DAL DAL DAL DAL DAL D		22d. PHYSICIANS NAME (Type) NORBERT C. NITSCH 22e. ADDRESS ROCK HALL MARYLAND
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed we Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campleted director, page 3 shauld be detached for use as the burial-transit permit. Then please remave cark should be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event,	-	
Shouldirect	23o	BURIAL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOGATION (City or Town) (County) (Stote) REMOVAL (Specify) JULY 4 WESLEY CHAPEL ROCK HALL MP.
===	24,	ADDRESS # A 250 REC D BY REGISTRAR 250 REGISTRAR SIGNATURE
30M REV 4/68	12	Lgard, Jane CHURCH HILL MD, JAL - 9 1868 Charles Judge



MAKTLANU STATE DEPARTMENT OF HEALTH

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	1		DIVISION OF VIT	AL RECORDS,	301 W. PRESTON STR		ARYLAND 21201		
		10105			ERTIFICATE OF			10116	
4 _24		ECEASED-NAME First		Middle	Lost	2a. DATE	OF DEATH	2	b. HOUR IV
er death. funerol i 1 and 2 ter death.	1 (ype or print) Mary	Ce	celia	Taylor		Month Day	68 1	.15 A
offer of he fun ges 1 affer of	3. St	X	4. RACE		S. DATE OF BI	RTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UN MONTHS DAYS HOU	IDER 24 HRS.
ours ofte by the f Poges ours afte		female	Wh	ite	6-22	-1900	68 YRS.	MORIES DATS 1100	rs min
by Pour	70.		7b. CITIZEN OF WHAT	COUNTRY?	8. MARRIED A NEVER MAR	RIED 9. COUNTY	OF DEATH		
d in Jers. 72 h	(00)	Maryland	U.S.	A		RCED T	Cent		Md.
executed within 24 hours ofter death id completely filled in by the funerol amove carban papers. Poges I and 3 ony event, within 72 hours after death	10. 0	TITY OR TOWN OF DEATH Chestertown	11, NAME give stree Ken	of Hospital OR INS toddress) Queei	ITUTION (If not in hospital	12a. USUAL OCCUPATI during most of warki	ON (Kind of work done ng life, even if retired.)	12b. KIND OF BUSIN INDUSTRY home	IESS OR
d w letel	13a.	USUAL RESIDENCE (Where deceas	ed lived, if institution:	Residence befare			STREET AND NUMBER	210000	
omp ve ove	adm	ission) STATE Md.	13b. COUNTY	Kent	Betterton	YES NO NO			
fore be executivized by the sizion and compleose remove and in ony even	14.	FATHER'S NAME First	Middle	Last	IS. MOTHER'S MA	AIDEN NAME First	Middle	Lo	ist
AN P.E		Peter		Taylo	r	Emma.	Jane	Crew	
sirian ar		. WAS DECEASED EVER IN U.S. ARN fes, no, or unknown) (If yes give w	IED FORCES? 16b	. SOCIAL SECURITY N	O. 17. INFORMANT		Address		
		no, or orikinowity (** 75° 81° **	ar or agrees of software		Kent. & W	ueen Anne's	Hospital, C	hestertow	n, Md
squires that the death certifi physician. signed by the ottending phy burial-transit permit. Then burial, cremation, or remova		18. CAUSE OF DEATH (Enter on	y one cause per line fo	or (a), (b), and (c).)				APPROXIMATE IN BETWEEN ONSET A	
softh indii or re	П	PART 1. DEATH WAS CAUSED IMMEDIA) BY: .TE CAUSE (a)	Cons	rstiva He	ent Fail	074	2465	
e deoth ottendi permit.		4/29 DUE TO, OR AS A CONSEQUENCE OF							
the the nation		Canditians, if any, which gave) rise to immediate cause (a), ((b)	as tens	es cleration	hed Dise	254	years	1
quires that the physician. signed by the buriol-transit burial, cremat		stating the underlying couse	DUE TO, OR AS A		-11	-1 1 .	\.	*-7	
equires th physician signed by buriol-tra		lost. 4200	(c)	Chole		- Choletin	.+->	ADU	7
equires physicio signed buriol-ti burial, c		PART 2. OTHER SIGNIFICANT COM	DITIONS CONTRIBUTING	TO DEATH BUT NO	T RELATED TO THE TERMINA	11	VEN IN PART I(o)		•
w reling	NO	Drahit-	me 11sta	0 - 01	D MYOTONNI		tin	attended to another	
V: The law re or attending the hos been use as the calth prior to	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH	OPERATION WAS PER		CAL	IF YES, WERE FINDINGS O		ING
The rate by the last	ERTE	AL ACCIDENT WAS UNDERLYIN		ii mi	YES 🔀	NO L	740		
AN: al o licate for		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	H HOUR A.M. N	Nonth Day Year	21c. HOW INJURY OCC	CURRED (Enter nature of i	njury in Part I or Part 2,	Item 18.)	
SICI split entit ed	MEDICAL	(If either, notify medical examin	ner) P.M.	19	TORY V DAY LOCATION 5:	. 0.50 11	74. 9	County	State
OR ATTENDING PHYSICIAN: The law requires that the death certifut be retained by the hospital or attending physician. SIRECTOR: After this certificate has been signed by the ottending phy is 3 should be detached for use as the burial-transit permit. Then ed with the State Dept. of Health prior to burial, cremation, or remova	-	at work at work	PLACE OF INJURY (AT				ity ar Tawn		
IDING J by th After J be d	П	22a. I certify that (I) (the saw the deceased a	is hospital) attend	ed the deceose	d from	, 19 60 , 10	7/13, 19	68 , that (1)	(we) last
R. A Bed		causes stated obove	(I) (we) (did) (die	that) view the	ody ofter death.	(A) Goot) obtained dear	n occurred on the oc	ne ond navr and	Ham Ine
F S C S E		22b. SIGNATURE	1 (1 (112) (0.0) (0.0)	and the same of			22c.	DATE SIGNED	
DR Se re		Home	Olak	m m	DEGREE PHYS.	NG MED.	STAFF D 7	113/68	
AL D		22d. PHYSICIAN'S	1-10-0		22e. ADD	DRESS	1		
ERA d be		NAME (Type) Thos	J. Solon	M D		Chestertov	m, Md		
TO HOSPITAL OR ATTENE Poge 4 may be retained TO FUNERAL DIRECTOR: A director, poge 3 should should be filed with the	23a	BURIAL CREMATION, 23b.	DATE		EMETERY OR CREMATORY		ATION (City or Town)		tate)
55 5 P	1		45-68	-2	AUN MEMCEIAL C		LMINGTON N	EWC. D	EL.
VR A15 (4)	24.	FUNERAL DIRECTOR	,	ADDRESS	a. Ica,	25a TOD BY REGISTRA	GR 25b. REGISTRAR'S	SIGNATURE	
30M REV. 1/68	1//	ICHT 1 tens	ceday /	sull!	MA, Tha.	DATE / - / 7- 2	8	- Judge	

ma limit touth must regues? 5442 BANKE FREEDIT THE A PROBLEM CONTRACTOR 4DAY - Imperior - - Milaterio mitten I was your als - - there at not 7/15/68 THE middleway april 2000 100 100 11 100